GRANTEE'S CLOSE OUT AND RELEASE FORM

Contract #	Project Name			
City/Town/County or AOG (select one):	Sub-grantee, if applicable (HA, non-profit or SSD)			
Address:	Address:			
City, State, Zip:	City, State, Zip:			
Chief Elected Official:	Director:			
Pursuant to the terms of Contract #for officers, agency's and employees of and from all lifter from the said contract.	abilities, obligati	ions, claims, and demands wh	_	
CERTIFICATION: I certify that all information a		this report are accurate and co	orrect as of this date.	
Project Manager		Date		
Leveraged Funds Source:		Total \$\$\$ by Source	% of Total Project	
State CDBG Funds			<u> </u>	
Other State Funds (Identify)				
County Funds				
City/Town Funds				
Federal Funds(Identify)				
Other (Identify)				
Other (Identify)				
Total:				
	and moderate in and Blight project the alth & Welf	ect		
1 This project helped:		1 3	e following:	
(choose only 1 below)	2. This project improved each of the following: (choose 1 or more below)			
□ Provide a suitable living environment	- A	vailability / Accessibility		
Frovide a suitable fiving environment	⊔ A	valiability / Accessibility		
□ Provide decent affordable housing	□ A	ffordability		
□ Create economic opportunity	\Box S	ustainability / Livability		
DESCRIBE THE PROJECT IN QUANTIFIABLE constructed 2500 sq.ft. Senior center, etc. Describe				
			_	

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Beneficiaries are counted by "PERSONS" unless the project is "First Time Home Buyer", housing rehab, or a sewer lateral project.

PROJECT BENEFICIARIES BY RACE/ETHNICITY

	TOTAL BENEFICIARIES
WHITE	
BLACK/AFRICAN AMERICAN	
ASIAN	
AM.INDIAN/ALASKA NATIVE	
NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER	
AM. INDIAN/ALASKA NATIVE & WHITE	
ASIAN & WHITE	
BLACK/AFRICAN AMERICAN & WHITE	
AMERICAN INDIAN/ALASKA NATIVE & BLACK	
OTHER MULTI-RACIAL	
ASIAN & PACIFIC ISLANDER	
HISPANIC	
TOTAL OF ALL RACES \rightarrow	·

PROJECT BENEFICIARIES BY INCOME LEVEL

Data	a below was collected from: Census Survey Presu	med Benefit Project
		TOTAL
	INCOME LEVEL	BENEFICIARIES
Α	Total # of Project Beneficiaries	
В	# of Extremely Low Income* (30% of AMI)	
C	# of Low Income* (50% of AMI)	
D	# of Moderate Income (80% of AMI)	
Е	Total of all low or moderate income beneficiaries \rightarrow	
	% of Low or Moderate Income Persons Served	
	$(Row E divided by Row A) \rightarrow$	
	Total # of Female Headed Households →	

^{*} Count beneficiaries as "Moderate Income" if more specific information is unknown.

PRESUMED BENEFIT ACTIVITY GUIDANCE

- ✓ Groups presumed to be **Low Income** Battered spouses, severely disabled adults, illiterate adults, persons with AIDS, migrant farm workers, assistance to elderly (other than senior center)
- ✓ Groups presumed to be **Extremely Low Income** Abused children, homeless persons
- ✓ Groups presumed to be **Moderately Low Income** Senior Center construction or services

For State Use Only

IDIS Project #	IDIS Activity #	Program Specialist	Date	IDIS Entry Date

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